

Please print, fill out, and bring with you to your appointment

Animal Medical Center of Garner, PC
905 Heather Park Drive
Garner, NC 27529
(919) 779-8887

Drop-off Admission Form

Client's Name: _____ Patient's Name: _____

Phone Number _____ where we may contact you today.

Please list the specific procedures you would like performed for your pet today: _____

Please list the specific problems or concerns that your pet is having today: _____

How long have you noticed the symptoms or injury? _____

Is your pet's behavior and activity normal? _____ If not, please describe: _____

Has your pet had any vomiting or diarrhea? If yes, please describe: _____

Has your pet's bowel or urinary habits changed? _____ If yes, please describe: _____

What food does your pet eat? _____ When was the last meal given? _____

Has there been any environmental change recently? _____ If yes, please describe: _____

Does your pet have any known allergies to any medications? If yes, please describe: _____

Please list any medications and the dosage you are giving: _____

Is your pet on heartworm prevention? If yes, what type? _____ Have you missed any doses? Yes No

Is your pet on flea prevention? If yes, what type? _____ Do you use it year round? Yes No

I authorize AMC of Garner to sedate, perform radiographs and or blood work for my pet if necessary.

While your pet is here today would you like a Home Again Microchip implanted? Yes No

I agree to pay my balance in full upon discharge of my pet. I understand that the law requires the rabies vaccine to be current for my pet. I authorize AMC of Garner to vaccinate my pet during his/her stay at an additional cost if I cannot provide proof of a rabies vaccine.

Signature _____

Date _____